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Recipient Committee Campaign Statement Cover Page	Type or print in ink.	ink.	PECEIVED		CALIFORNIA 460 FORM
	Statement covers period from 07/01/2015	Date of election if applicable; (Month, Day, Year)	JAN 28 AM	JAN 28 AM 10 4 4 Page 1	of 4
SEE INSTRUCTIONS ON REVERSE	through 12/31/2015	11/08/2016	CITY CLERK'S OFFI	OFFICE	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	ses - Complete Parts 1, 2, 3, and 4.	2. Type of Statement: Util	コピモの こつ ここ	4 MARIA	
Officeholder, Candidate Controlled Committee State Candidate Election Committee	Primarily Formed Ballot Measure Committee	☐ Preelection Statement Semi-annual Statement		Quarterly Statement Special Odd-Year Report	nent ar Report
(Also Complete Part 5)	Sponsored (Mico Complete Bart 8)	(Also file a Form 410 Termination)	mination)	Supplemental Preelection Statement - Attach Form 495	reelection ach Form 495
☐ General Purpose Committee ○ Sponsored	Primarily Formed Candidate/	Amendment (Explain below)	low)		
 Small Contributor Committee Political Party/Central Committee 	Officeholder Committee (Also Complete Part 7)				
3. Committee Information	I.D. NUMBER 13423 32	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Patino for Mayor 2016		Tom Martinez			
		MAILING ADDRESS			
		2624 Air Park Dr.			
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
2624 Airpark Drive		Santa Maria	CA	93455	(805) 934-5737

4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS tom@martinezassoc.net

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

AREA CODE/PHONE

ZIP CODE 93455

STATE

2151 S. College Dr., Ste. 101

NAME OF ASSISTANT TREASURER, IF ANY

Trent Benedetti MAILING ADDRESS

AREA CODE/PHONE (805) 934-5737

ZIP CODE

STATE

Santa María CA 93455 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX S

OPTIONAL: FAX / E-MAIL ADDRESS

Santa Maria

AREA CODE/PHONE

ZIP CODE

STATE

Executed on	1-73-2015	By (Sell trees
	Date	JIS (
To be about	132/2016	TO SAME THE
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Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Signature of Controlling Officeholder, Candidate, State Measure Proponent
Signature of Controlling Officeholder, Candidate, State Measure Proponent

onent FPPC Form 460 (January)05)
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State of California



5. Officeholder or Candidate Controlled Committee	ate Controlled Comm	ittee	6. Primarily Formed Ballot Measure Committee	t Measure Co	mmittee	
NAME OF OFFICEHOLDER OR CANDIDATE	ANDIDATE		NAME OF BALLOT MEASURE			
Alice Patino OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF	LUDE LOCATION AND DISTRIC	T NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT OPPOSE
RESIDENTIALBUSINESS ADDRESS (NO. AND STREET)		STATE	Identify the controlling officeholder, candidate, or state measure proponent, if any.	seholder, candic	date, or state measure pr	oponent, if any.
2624 Airpark Drive	it S	Santa Maria CA 93455	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DIDATE, OR PROP	ONENT	
Related Committees Not Included in this Statement: not included in this statement that are controlled by you or are prim contributions or make expenditures on behalf of your candidacy.	ot Included in this Sta that are controlled by you of itures on behalf of your car	Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	ANY
COMMITTEE NAME		I.D. NUMBER	-		-	
NAME OF TREASURER		CONTROLLED COMMITTEE?	 Primarily Formed Candidate/Uniceholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed. 	idate/Officen	Older Committee List ommittee is primarily forme	names of 1.
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
CITY	STATE ZIP CODE	ODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER		CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)	(xo				
CITY	STATE ZIP C	ZIP CODE AREA CODE/PHONE	Attac	h continuation	Attach continuation sheets if necessary	

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

e Statement	
Disclosur	Page
Campaign	Summary

Type or print in ink.

through 12/31/2015 Page 3 of 4	Statement covers period m 07/01/2015	CALIFORNIA 460
		м

Campaign Disclosure Statement	Type or print in ink.			SUMMARY PAGE
Summary Page	Amounts may be rounded to whole dollars		Statement covers period	CALIFORNIA ARD
		from	07/01/2015	FORM
SEE INSTRIICTIONS ON REVERSE		through	12/31/2015	Page 3 of 4
NAME OF FILER				LD. NUMBER
Patino for Mayor 2016				1342332
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both th	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	9	\$	General Elections	hound 6/20 7/4 to Data
2. Loans Received	0.00	0.00		יין ווונסתפון מיסט מיסט מיסט מיסט מיסט מיסט מיסט מיסט
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	0.00	20. Contributions Received \$	63
4. Nonmonetary Contributions Schedule C, Line 3	0.00	0.00	nditures	
5. TOTAL CONTRIBUTIONS RECEIVEDAdd Lines 3 + 4	00.00	\$	Made \$	\$
Expenditures Made			Expenditure Limit	Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$ 423.20	\$ 477.95	Candidates	
7. Loans Made Schedule H, Line 3	0.00	0.00	22. Cumulativ	Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 423.20	\$ 477.95	(If Subject to	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)schedule F. Line 3	0.00	0.00	Date of Election	Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3	0.00	0.00	(kd/pp/mm)	
11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10	\$ 423.20	\$ 477.95	1	€
			, ,	¥
Current Cash Statement 12. Beginning Cash Balance	\$ 1,270.76	To calculate Column B. add		-
13. Cash Receipts Column A, Line 3 above	0.00	amounts in Column A to the		
	00.00	corresponding amounts from Column B of your last	*Amounts in this section a reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	423.20	report. Some amounts in Column A may be negative	_	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 847.56	figures that should be		
If this is a termination statement, Line 16 must be zero.		period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts	00.0	from Lines 2, 7, and 9 (if any).		
Add Line 2	00.00			FPPC Form 460 (January/05)
)	_		FPPC Toll-Free Helpil	FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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Amounts may be rounded Type or print in ink. to whole dollars.

		SCHEDULE E
Statem	Statement covers period	CALIFORNIA ARD
from	07/01/2015	FORM
through -	12/31/2015	Page 4 of 4
		1.D. NUMBER

If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment Patino for Mayor 2016 CODES:

radio airtime and production costs returned contributions meetings and appearances member communications petition circulating office expenses phone banks MAG PROPERTIES contribution (explain nonmonetary)* campaign paraphernalia/misc. candidate filing/ballot fees campaign consultants fundraising events civic donations

postage, delivery and messenger services professional services (legal, accounting) polling and survey research print ads

independent expenditure supporting/opposing others (explain)*

campaign literature and mailings

legal defense

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transfer between committees of the same candidate/sponsor t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals campaign workers' salaries voter registration SAL TRS TSF VOT WEB

information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER 1D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	WEB	Netfile renewal	282.00
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO	accounting service	59.85
Benedetti & Associates, Inc. 2151 S. College Dr Ste 101 Santa Maria, CA 93455	PRO	accounting service	31.35

Schedule E Summary

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

1. Itemized payments made this period. (Include all Schedule E subtotals.)	σ.	373.20
2. Unitemized payments made this period of under \$100	€9	50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	00.00

373.20

SUBTOTAL \$

423.20 TOTAL \$ 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

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